DEC 2 9 2008

PTO/SB/22 (11-08)
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| PETITION  | FOR EXTENSION OF TIME UNDER                               | Docket Number (Optional) |                    |                       |  |  |  |  |  |
|---|---|--------------------------|--------------------|-----------------------|--|--|--|--|--|
| (Face)  | FY 2009  r pursuent to the Consolidated Appropriations Ac | C063                     |                    |                       |  |  |  |  |  |
|   | Number 10/003.471   | Filed 10/31/01           | Filed 10/31/01     |                       |  |  |  |  |  |
| For Scholarship Award Method Using Voting   |   |                          |                    |                       |  |  |  |  |  |
| Art Unit 36   | 222   |                          | Examiner Jean Janv | Examiner Jean Janvier |  |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |                          |                    |                       |  |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |                          |                    |                       |  |  |  |  |  |
|   |   | Fee                      | Small Entity Fee   |                       |  |  |  |  |  |
|   | One month (37 CFR 1.17(a)(1))                             | \$130                    | \$65               | \$                    |  |  |  |  |  |
|   | Two months (37 CFR 1.17(a)(2))                            | \$490                    | \$245              | \$                    |  |  |  |  |  |
| <b>V</b>  | Three months (37 CFR 1.17(a)(3))                          | \$1110                   | \$555              | § <u>555.00</u>       |  |  |  |  |  |
|   | Four months (37 CFR 1.17(a)(4))                           | \$1730                   | \$865              | \$                    |  |  |  |  |  |
|   | Five months (37 CFR 1.17(a)(5))                           | \$2350                   | \$1175             | \$                    |  |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.  |   |                          |                    |                       |  |  |  |  |  |
| A check in the amount of the fee is enclosed.   |   |                          |                    |                       |  |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |   |                          |                    |                       |  |  |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                          |                    |                       |  |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1635  |   |                          |                    |                       |  |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.                     |   |                          |                    |                       |  |  |  |  |  |
| I am the applicant/inventor.  |   |                          |                    |                       |  |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71.   |   |                          |                    |                       |  |  |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |   |                          |                    |                       |  |  |  |  |  |
| attorney or agent of record. Registration Number 36,919   |   |                          |                    |                       |  |  |  |  |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |   |                          |                    |                       |  |  |  |  |  |
| 1/1/  | el O m  |                          | DECEMB             | ER 29, 2008           |  |  |  |  |  |
| . #   | Signature   | Date                     |                    |                       |  |  |  |  |  |
| MIGHAEL O. SCHEINBERG   |   |                          | 512-637-0800       |                       |  |  |  |  |  |
|   | Typed or printed name                                     | Telephone Number         |                    |                       |  |  |  |  |  |
| NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |                          |                    |                       |  |  |  |  |  |
|   | Total of forms are submitted.                             |                          |                    |                       |  |  |  |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name (Print/Type) MICHAEL O. SCHEINBERG

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|---|-------------------|------------------------|-----------------------|--------------------------------------|------------|---------------------------|-------------|-----------------------------|--|--|--|
|   | Effective on 12/0 | 2006 (U.O. 4040)       | Complete if Known     |                                      |            |                           |             |                             |  |  |  |
| Fees pursuant to the Co   |                   |                        | Application Nu        | mber                                 | 10/003,4   | 71                        |             |                             |  |  |  |
| FEE T   | Filing Date       |                        | 10/31/01              |                                      |            |                           |             |                             |  |  |  |
| ļ j   | First Named In    | ventor                 | MATTH                 | HEW W. HICKEY                        |            |                           |             |                             |  |  |  |
| Applicant claims  | entity sta        | CER 1 27               | Examiner Name JEAN JA |                                      |            | NVIER                     |             |                             |  |  |  |
|   | Art Unit          | Art Unit 3622          |                       |                                      |            |                           |             |                             |  |  |  |
| TOTAL AMOUNT OF   | Attorney Dock     | et No.                 | C063                  |                                      |            |                           |             |                             |  |  |  |
| METHOD OF PAYMENT (check all that apply)  |                   |                        |                       |                                      |            |                           |             |                             |  |  |  |
| Check Credit Card Money Order None Other (please identify):   |                   |                        |                       |                                      |            |                           |             |                             |  |  |  |
| Deposit Accour  | t Deposit Acc     | ount Number:_          | 50-1635               | Deposit /                            | Account No | me: MICI                  | HAEL O.     | SCHEINBERG                  |  |  |  |
| For the above-i   | dentified depo    | sit account, t         | the Director is he    | ereby authorized t                   | o: (check  | all that ap               | ply)        |                             |  |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                   |                        |                       |                                      |            |                           |             |                             |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.  |                   |                        |                       |                                      |            |                           |             |                             |  |  |  |
| FEE CALCULATIO  | N                 |                        |                       |                                      |            |                           |             |                             |  |  |  |
| 1. BASIC FILING, S  |                   |                        | ATION FEES            |                                      |            |                           |             |                             |  |  |  |
|   | FILIN             | G FEES                 |                       | RCH FEES                             | EXA        | MOTTANIN                  |             |                             |  |  |  |
| Application Type  | Fee (\$           | Small Enti<br>Fee (\$) |                       | Small Entity S) Fee (\$)             | Fee        | <u>\$mall</u><br>(\$) Fee | (\$)        | Fees Paid (\$)              |  |  |  |
| Utility   | 310               | 155                    | 510                   | 255                                  | 210        | 10                        | 5           |                             |  |  |  |
| Design  | 210               | 105                    | 100                   | 50                                   | 130        | ) 6                       | 5           |                             |  |  |  |
| Plant   | 210               | 105                    | 310                   | 155                                  | 160        | ) 8                       | 0           |                             |  |  |  |
| Reissue   | 310               | 155                    | 510                   | 255                                  | 620        | 31                        | 0           |                             |  |  |  |
| Provisional   | 210               | 105                    | 0                     | 0                                    | (          | )                         | 0           |                             |  |  |  |
| 2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Sometimes to provide the paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): Three Month Extension of Time Fee   Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Fees Paid (\$) |                   |                        |                       |                                      |            |                           |             |                             |  |  |  |
|   | ming surche       | દ્વ∙ TULGG             | wonin Exter           | ision of Time                        | 66         |                           |             | 555                         |  |  |  |
| SUBMITTED BY  Registration No Telephone   |                   |                        |                       |                                      |            |                           |             |                             |  |  |  |
| Signature   | 14 ()_            |                        |                       | Registration No.<br>(Attorney/Agent) | 36,919     |                           | 1 elsbiroue | <sup>e</sup> (512) 637-0800 |  |  |  |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete litis form end/or suggestions for reducing this burgen, should be sent to the Chief Information Officer. U.S. Peterst and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date DECEMBER 29, 2008

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